



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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TO: Medicaid Advisory Council (MAC)
Emily Beauregard, Chair, Consumer Needs TAC

FROM: Carol Steckel, Commissioner *CS*

DATE: December 15, 2018

RE: Responses to the Consumer Needs TAC Recommendations Presented during the November 15, 2018 MAC meeting

In response to recommendations provided by the Consumer Needs TAC, as presented and approved at the November 15, 2018 MAC meeting, the Department for Medicaid Services (DMS) respectfully submits the following:

Recommendation 2018(93) – A motion was made, seconded and approved that any electronic information or reporting through Benefind and Citizen Connect also be made available in paper format or through other alternative methods.

DMS Response – The Department will follow federal regulations. There is a paper application for anyone to utilize for apply for Medicaid. Citizen Connect will be the website used to report Community Engagement time and to participate in classes via video to earn My Rewards and Community Engagement. The videos would not be available in paper format.

We would like to remind the MAC and TACs that there is a local Department for Community Based Services office in every county that is available to assist beneficiaries. In addition, the Cabinet has worked with the local workforce development offices and they are available to assist any Medicaid beneficiary with the Citizen Connect website. There is also a public library in each county with access to both computers and internet.

Recommendation 2018(94) – A motion was made, seconded and approved that the Cabinet ensure that any increase in the rates paid to agencies serving 1915(c) waiver recipients result in an equal increase in the pay rates for direct service providers and support staff.

DMS Response – The Department is completing an extensive assessment of the 1915c Home and Community Based Services program. At this time, there has been no determination of any rate increases and any increase would be subject to funding available from the current and future budgets approved by the General Assembly.

Recommendation 2018(95) – A motion was made, seconded and approved that regardless of whether DMS creates an alternative benefit plan, the TAC recommends that Kentucky elect to create a “medically frail” exemption that would apply to copays.

DMS Response – DMS acknowledges this recommendation, however copayments will be applied to cost share eligible recipients effective 1-1-19.

Recommendation 2018(96) – A motion was made, seconded and approved that all Medicaid applicants and enrollees complete the full medically frail screening, including the initial question “Are you in good health?” as well as all follow-up questions.

DMS Response – Any Medicaid beneficiary may complete the Medically Frail screening, even if they do not believe they would qualify. However, the Department will not make this mandatory because it would be a burden to Kentucky physicians to ask them to complete the screening on over one million Medicaid beneficiaries, many of which would not meet Medically Frail status. This would also create an expense to the Department for Medicaid Services and our managed care organizations. This expense is not be included in the current budget.